

## City of Gahanna Parks & Recreation Department I would like to help sponsor a camper by Registration Form (Please Print Legibly)

Make check or money order payable to the City of Gahanna and mail to: added to my total payment.

Fund! My donation of \$\_ donating to the Camp FriendshipScholarship has been

Gahanna Parks & Recreation Department, 200 S. Hamilton Rd, Gahanna, OH 43230

Adult Name (Parent or Guardian): Last	dian):Last						First <sub>-</sub>					
Address												
City	St	State		Zip			Ţ	E-mail				
Home Phone		· 1	Work Phone	ne _					_ Eme	rgency	Emergency Phone	
Participant Name	Birth Date	M/F			Program#	'am #			Section	ion	Program Title	Fee
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Please bill my credit card (circle one): MC	d (circle one,	); MC	VISA	anner.	me of	Name of Cardholder	der		Accolli	Account Number		Exp. Date
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For and in consideration of the opportunity to participate in the above described Gahanna Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in	the opportunit istrators, acquistrators, acquients of and figents of and figensations, or participations the right to	y to paint, discrement or action in the one of the oreaction in the oreaction or action in the oreaction in	articipat charge a ly and a count o he afore	ie in the and cox and cox all action of or in amentic amentic child's child's	e above enant ens, cla any wa any wa oned ac	e descrito hold to hold ims, call ims, call y grow ctivity. I	ibed Ga harmle uses of ing out I/We ha	shanna ess the action cof any ave rea	Parks City of City of s, clain s, and a and and or with	& Recr Gahar ns dem Il perso agree t	anna Parks & Recreation Program, I, for myself, my s the City of Gahanna, its successors, its officers, ctions, claims demands, damages, costs, loss of if any and all personal injury or property damage wheread and agree to the registration and related with or without my child's name, both single and in	elf, my ers, of age which ted
publicity and promotions relating thereto.  I do not give my permission for photographs to be used.	ating thereto. ission for pho	tograp	hs to be	e used.		į				,		

Participant Signature (Parent/Guardian if participant is under 18)

Date